



State of Arizona
Department of Education

Jaime A. Molera
Superintendent of
Public Instruction

July 10, 2001
CN 1-02

MEMORANDUM

To: Claim Contacts
Adminstrators
School Nutrition Programs

From: Lynne Dulin, Director
Student Services, Child Nutrition Programs

Subject: Reimbursement Claim Form for School Year 2001-2002

Enclosed is the reimbursement claim form for the National School Lunch Program, School Breakfast Program and Special Milk Program for school year 2001-02. The individualized claim form is preprinted with your CTD number and address. Your attendance factor is also preprinted in item #10 (edit checks) for your convenience. Please make enough **copies** of this form for use during the entire school year. Discard any old reimbursement forms from last year, as they will no longer be accepted.

Also included are instructions for completing the claim form, a reimbursement calculation worksheet, and the new 2001-02 reimbursement rates. We have found these tools helpful to many sponsors in the past. As a reminder, claims are due the 10th of every month.

If you are on ***Special Assistance - Provision 2 or 3*** and in a non-base year, please read the new instructions carefully on how to determine your free, reduced, and paid eligible children. You are also required to complete all edit checks under item #10. *Edit Checks*.

If you have any questions, please call your specialist, or the main line (602) 542-8700 or 1-800-352-4558.